PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

0066497

CLAIMS AS FILED - PART I (Column 1)						(Column 2)		SMALL ENTITY TYPE		OR	OTHER TH.	
TOTAL CLAIMS			20					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			20 minus 20=		* 7			X\$ 9=		OR	X\$18≔	
	EPENDENT CL	3 minus 3 =		0			X42=		OR	X84=		
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter					"0" in c	olumn 2	1	TOTAL	37000	OR	TOTAL	
919/64 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							Ė	SMALL E		OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	.20	Minus	** /	20	= 0		X\$ 9=	0	OR	X\$18=	
	Independent	* 3	Minus	***	77	(2 =		X42=	0	OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT REALM								+140=		OR	+280=	
							1. A	TOTAL ADDIT. FEE	0	OR	TOTAL ADDIT, FEE	
-		(Column 1)		(Colur		(Column 3)				_		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	NTATION OF MU	Minus	***	CLAUA	-		X42=		OR	X84=	
i	MAST PRESE	NIATION OF MI	JUIPLE DE	ENDEN	CLAIM		J [+140=		OR	+280=	
							L	TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colur	mn 2)	(Column 3)						
AMENDMENT C	etter in the second sec	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER OUSLY	PRESENT EXTRA]	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NOW	Total	•	Minus	**		•		X\$ 9=	,	OR	X\$18=	
ME	Independent	*	Minus	****		2	11	X42=		00	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3,								+140=		OR	+280=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR	TOTAL ADDIT. FEE		
		mber Previously Pai ober Previously Pai					er fou	nd in the app	ropriate box	in col	umn 1.	
	FORM DYOLGON (Rev. 900) Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE											